



Employer Based Wellness Program Discount Application for State Agencies and Political Subdivisions

I. Worksite Information

Agency/Political Subdivision Name & Number: Sample Medium Agency 2000

Address: 400 E. Broadway Ave.; Suite #505 City: Bismarck Zip: 58502

Wellness Coordinator: Pam Binder Title: Employee Benefits Specialist

Telephone Number: (701) 328-3900 Email: pbinder@state.nd.us

Number of active employees who are enrolled in the State of North Dakota health insurance plan: 86

Estimated number of individuals participating in the Wellness Program (percentage of employees participating): 43

II. Affirmative answers to the following questions are mandatory to qualify for the discount.

- ☒ Wellness Concurrence form signed by top management?
- ☒ Wellness coordinator assigned to agency/group?
- ☒ Someone from the agency/group attend or view the NDPERS wellness forum?

III. 5 Points are required to qualify for the discount

- ☒ 1 Point – Communicate wellness materials provided by NDPERS/BCBS to individual employees on a monthly basis and promote the NDPERS smoking cessation program to employees.
- ☒ 2 Points – Complete a wellness activity (see examples provided or propose your own idea).
- ☒ 2 Points – Complete a different wellness activity (see examples provided or propose your own idea).
- ☐ 4 Points – Complete a comprehensive major wellness program.(Must have prior approval from NDPERS to qualify for full 4 points)

IV. Wellness Activity Description

Short-Term Wellness Activity 1:

Describe the wellness activity you plan on offering and methods for promotion & motivation:

This will be a Building the Pyramid Challenge. Using resources from www.mypyramid.com the challenge will have participants calculate their daily dietary requirements and then challenge them, by using the pyramid tracker tool to record whether they have met their daily requirements. Each participant will submit copies of their pyramid tracker results on a weekly basis. This challenge will last for four weeks. The kick off meeting will include the instructions and informational resources from the USDA My Pyramid website. The participants that meet the Pyramid Challenge will receive a prize and certificate. There will be an evaluation after the challenge. The objective is to make participants aware of their daily requirements.

| Yes | No | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program? |

Short-Term Wellness Activity Program 2:

Describe the wellness program you plan on offering and methods for promotion & motivation:

America on The Move is a challenge that is based from a website. The website's goal is to have the participants reach 10,000 steps per day. There are tools on the website for tracking the group progress or tracking the progress by individuals. Daily steps would be submitted and at the end of the two week challenge the winner would be the participant with the most steps.

| Yes | No | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program? |

Comprehensive Wellness Program:

Describe the wellness program you plan on offering and methods for promotion & motivation:

N/A

| Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your program benefit the employees in your agency/group? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an evaluation plan to measure the effectiveness of your program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can employees continue participation after the initial program rollout? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will management be involved in the program? |